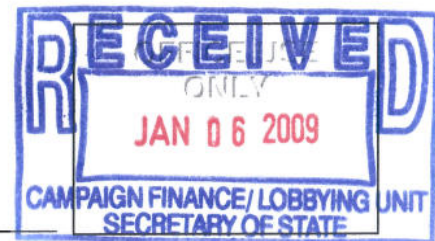


39974

CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate EUGENE FORREST HAMILTON
Address 74 10 N. HAMILTON CIRCLE County DESO TO
OLIVE BRANCH, MS 38654
Telephone (Work) _____ (Home) 662-895-5765 (Fax) _____
Contact Name EUGENE FORREST HAMILTON Email Address PATB.HAMILTON@AOL.COM
Office Sought House of Representative DIST. 6 Political Party Republican

☒ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ___ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
- ___ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
- ☒ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
- ___ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>2,150.00</u> + \$ <u>200.00</u>	\$ <u>2,350.00</u>	\$ <u>2,350.00</u>
Total amount of disbursements \$	<u>1,794.97</u> + \$ <u>1465.98</u>	\$ <u>3,260.95</u>	\$ <u>3,260.95</u>
Total amount of cash on hand		\$ <u>8,488.98</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Eugene Forrest Hamilton
(Signature of Candidate)

1-5-2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee EUGENE FORREST HAMILTONReporting period JAN 1, 2008 through DEC 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. DENTAL ASSOC.</u>		<u>10/3/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>PHONE 601-982-0442 2630 Ridge Road</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON, MS. 39206</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MERCK & CO. INC.</u>		<u>7/10/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 4</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>WEST POINT, PA 19486-0004</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI BAIL AGENTS ASSN.</u>		<u>10/18/2008</u>	\$ <u>400.00</u>
Mailing Address <u>413 PRESIDENT ST. SUITE 111</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON, MS. 39201</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI ASSOC. for HOME CARE</u>		<u>12/14/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. BOX 24087</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON, MS. 39225</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required) <u>PAC</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee EUGENE FORREST HAMILTON
 Reporting period JAN 1, 2008 through DEC 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	<u>GREG DAVIS</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4085 DAVIS ROAD</u>	<u>4/15/08</u>	\$ <u>500.00</u>
City, State, Zip Code	<u>SOUTHAVEN, MS. 38671</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>CAMPAIGN</u>	Aggregate Year-to-date	\$ <u>500.00</u>
B. Full name	<u>COMMUNITY FOUNDATION of NORTHWEST MS.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>321 LOSHER ST.</u>	<u>1/18/08</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>HERNANDO, MS. 38632</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	<u>DONATION</u>	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	<u>OLIVE BRANCH CHAMBER COMMERCE</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>P.O. BOX 608</u>	<u>5/2/08</u>	\$ <u>60.00</u>
City, State, Zip Code	<u>OLIVE BRANCH, MS. 38654</u>	<u>9/21/08</u> <u>10/31/08</u>	\$ <u>794.97</u> <u>180.00</u>
Purpose of Disbursement (Optional)	<u>SPONSOR LUNCHEON + DUES</u>	Aggregate Year-to-date	\$ <u>1034.97</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$